

	UTILITY		d to respond to a collection of information unless it displays a valid OMB control number.  Attorney Docket No. Mo-5278/LeA 33.335						
PATE	ENT APPLICATION	First Inventor or Application IdentifierPeter Heitkamper							
	RANSMITTAL	F T			mers Based				
Inly for new nor	provisional applications under 37 C.F.R. § 1.		Adail Labat Na	EK243950502					
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	PLICATION ELEMENTS  ther 600 concerning utility patent application of	onlents.	ADDRESS TO	): Box Patent Appl	ication				
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	scriptive title of the Invention		a C	omputer Readable	Сору				
	oss References to Related Applications atement Regarding Fed sponsored R &		b. P	aper Copy (identica	al to computer copy)				
	eference to Microfiche Appendix		c. S	latement verifying i	dentity of above copies				
	ckground of the Invention								
- Bı	ief Summary of the Invention			7. X Assignment Papers (cover sheet & document(s))					
	ief Description of the Drawings (if filed)		37 C F B	ent Papers (cover : .§3.73(b) Statemer					
	etailed Description			ere is an assignee)					
	aim(s) ostract of the Disclosure		9. English	Translation Docume	ent (if applicable)				
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	i. DELETION OF INVENTORIS		(PTO/SB	709-12) Status	s still proper and desired				
	Signed statement attache inventor(s) named in the pri	•		Copy of Priority D					
( <del></del>	see 37 C.F.R. §§ 1.63(d)(2		15. Other:	•••••					
FEES. A SMA	<u>ITEMS 1 &amp; 13 IN ORDER TO BE ENTITLED TO PA</u> LL ENTITY STATEMENT IS REQUIRED (37 C.F.R.	§ 1.27), EXCEPT							
	D IN A PRIOR APPLICATION IS RELIED UPON (3		)						
	NTINUING APPLICATION, check appro	priate box, and s nuation-in-part (C							
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For CONTIN	UATION or DIVISIONAL APPS only: The end, is considered a part of the disclosure o		of the prior application	ı, from which an oat	h or declaration is supplied				
	the incorporation can only be relied upon								
	17. CO	RESPOND	ENCE ADDRESS						
Custo	mer Number or Bar Code Labe I			or 🏡 Corre	espondence address below				
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Name	Bayer Corporation								
	Patent Department		·						
Address	100 Bayer Road								
City	Pittsburgh	Slate	PA /	Zip Code	15205-9741				
Country	U.S.A.	Telephone	(412) 777-2		(412) 777-5449				
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PTO/SB/17 (12/98)
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(FEE TRANSMITTAL		Complete if Known							
I LE INANOMILIA	<b>-</b> [	Applic	ation	Numb	er	To Be Assigned			
l for FY 1999	L	Filing Date			Herewith				
Palent lees are subject to annual revision.		First Named Inventor P		or	Peter Heitkamper et al				
Small Entity payments <u>must</u> be supported by a small entity statem otherwise large entity fees must be paid. See Forms PTO/SB/09-		Exami	ner Na	ıme					
otherwise range entity rees must be paid. See rollins r 10/35/05		- Group / Art Unit							
TOTAL AMOUNT OF PAYMENT (\$) 730.00	ſ	Attorney Docket No. Mo-52			ο.	Mo-5278/LeA 33,335			
METHOD OF PAYMENT (check one)				F C C	- CA	LCULATION (continued)			
	FEE CALCULATION (continued) 3. ADDITIONAL FEES								
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	S. A. Large Fee			Entity Fee	3	Fee Description	Fee Paid		
Deposit Account 13-3848	Code		Code	(\$)	0	•	reeraid		
Number Deposit	105 127	130 50	205			harge - late filing fee or oath harge - late provisional filing fee or	<b> </b>		
Account Bayer Corporation	121					r sheet.			
X Charge Any Additional	139	130	139	130	Non-	English specification			
Fee Required Under 37 CFR 1.16 and 1.17	147	2,520	147	2,520	Forfi	ling a request for reexamination			
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2. Payment Enclosed: Check Money Other	113	1,840*	113	1,840*	Requ	uesting publication of SIR after niner action			
FEE CALCULATION	115	110	215	55	Exte	nsion for reply within first month			
1. BASIC FILING FEE	116	380	216	190		nsion for reply within second month			
Large Entity Small Entity	117		217	435		ension for reply within third month	<b></b>		
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101 690 201 380 Utility filling fee 690.00	111	1,850 9 300	228 219	925 150		ension for reply within fifth month ce of Appeal	<b> </b>		
106 310 206 155 Design filing fee	120		220	150		g a brief in support of an appeal	<del>                                     </del>		
107 480 207 240 Plantfilingfee	12			130		uest for oral hearing			
108 760 208 380 Reissue filing fee	138	1,510	138	1,510		tion to institute a public use proceeding			
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2. EXTRA CLAIM FEES	14:		242			ty issue fee (or reissue)			
Extra Claims below Fee Paid			243 244	215 290		ign issue fee ntissue fee			
Independent 3"= - y -	14	4 360 2 130				itions to the Commissioner	<b></b>		
Claims ————————————————————————————————————	12		123			itions related to provisional applications	.		
or number previously paid, if greater, For Reissues, see below	1:	6 240	126	240	Sub	omission of Information Disclosure Stm	,		
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Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	14	6 760	246	380	, ,	ng a submission after final rejection	40.00		
102 78 202 39 Independent claims in excess of 3	1					CFR 1.129(a))			
104 260 204 130 Mulliple dependent claim, if not paid	1 14	19 760	249	380		reach additional invention to be amined (37 CFR 1.129(b))			
109 78 209 39 "Reissue indenpendent claims over original patent	Oth	er fee (sn	ecify						
110 18 210 9 "Reissue claims in excess of 20 and over original patent	1	Other fee (specify)  Other fee (specify)							
SUBTOTAL (2) (\$)	) . <sub>R</sub>	Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 40.00							
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SUBMITTED BY				<del>/</del>		Complete (if app	licable)		
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